

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Abraham Gross		COURT CASE NUMBER 20-cv-04340-GBD-SN
DEFENDANT The City of New York et al		TYPE OF PROCESS Summons & Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Stephanie Labarta	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Breaking Ground, 505 8th Avenue, 5th Fl., New York, NY, 10018	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Pro Se: Abraham Gross 40 W. 77th St. Apt. 10C New York, NY 10024		Number of process to be served with this Form 285: Number of parties to be served in this case: Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney other Originator requesting service on behalf of: <i>BW</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 212-805-0175	DATE 7/27/2020
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>P20</i>	District of Origin No. <i>054</i>	District to Serve No. <i>054</i>	Signature of Authorized USMS Deputy or Clerk	Date JUL 27 2020
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					

Name and title of individual served (if not shown above)	Date 9/2/20	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>B. M. [Signature]</i>	

Service Fee <i>\$8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>\$8.00</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

Setup for mail serv.
9/2/20 - Walvern of service filed on 9/1/20, service no longer needed - Docket #33

20-4340-18